



02-07-01

QJU2700/4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
CONTINUED PROSECUTION APPLICATION (CPA) TRANSMITTAL
UNDER 37 CFR 1.53(d)

RECEIVED
FEB 08 2001

Technology Center 2600

Address to:	Attorney Docket No.	SA9-97-115
Box CPA	Inventor(s)	F. Lee et al.
Assistant Commissioner for Patents	Express Mail Label No.	EL367500430US
Washington, DC 20231	Total Pages	22

This is a request for a X Continuation or Divisional application under 37 CFR 1.53(d), continued prosecution application of prior application Serial No. 09/219,195, filed on 12/21/98, entitled: AN INTERCONNECT MODULE FOR USE IN A SUSPENSION ASSEMBLY

Title: AN INTERCONNECT MODULE FOR USE IN A SUSPENSION ASSEMBLY

NOTE: *The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA.*

1. Enter the unentered amendment previously filed on xx/xx/xx under 37 CFR 1.116 in the prior nonprovisional application.
2. A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4). **Delete** the following inventor(s) named in the prior nonprovisional application:

4. A new power of attorney is enclosed. 02/08/2001 STEFFERA 00000086 090466 09219195
5. X Information Disclosure Statement (IDS) is enclosed. 01 FC:131 710.00 CH
02 FC:103 72.00 CH
03 FC:102 320.00 CH
6. **Fee Calculation**

	Claims Filed		Extra	Rate	Fees
Basic Fee					\$710.00
Total Claims	24	-20 =	4	x \$ 18.00	\$72.00
Independent Claims	7	-3 =	4	x \$ 80.00	\$320.00
Multiple Dependent Claim				\$270.00	
				TOTAL	\$1,102.00

7. X Please charge my Deposit Account No. 09-0466 in the amount of \$1,102.00
A duplicate copy of this sheet is attached.
8. X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0466. A duplicate copy of this sheet is attached.
X Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
X Any patent application processing fees under 37 CFR 1.17.

EXPRESS MAIL CERTIFICATE

I hereby certify that the above paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231

Date of Deposit: February 5, 2001

Person mailing paper/fee: Rosalind Kennison

Signature Rosalind Kennison

Respectfully submitted,

Abby Raissinia (#38,686)
Attorney for Applicants
IBM Corporation
5600 Cottle Road, L2PA/014-2
San Jose, CA 95193
Telephone (408) 256-2062

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24	minus 20 = * 4
INDEPENDENT CLAIMS	7	minus 3 = * 4

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
OR		OR	
RATE	Fee	RATE	Fee
[REDACTED]		[REDACTED]	710
		[REDACTED]	320
		18	72
TOTAL		TOTAL	491
OR		OR	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		OR		
		OR		
		OR		
TOTAL ADDT. FEE			TOTAL ADDT. FEE	
OR			OR	

(Column 1)

(Column 2)

(Column 3)

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
		OR	
		OR	
		OR	
TOTAL ADMIT. FEE		TOTAL ADMIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*		Minus	***
				=

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
TOTAL		TOTAL	
ADDT. FEE		ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.